



**STATEMENT OF PROCEEDINGS FOR THE  
REGULAR MEETING OF THE  
LOS ANGELES COUNTY COMMISSION FOR  
CHILDREN AND FAMILIES  
KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 739  
LOS ANGELES, CALIFORNIA 90012  
<http://lachildrenscommission.org>**

**Monday, June 17, 2013**

**10:00 AM**

AUDIO LINK FOR THE ENTIRE MEETING. (13-3066)

**Attachments:**    [AUDIO](#)

**Present:**            Chair Geneva Berger, Vice Chair Helen Kleinberg,  
Commissioner Carol O. Biondi, Commissioner Ann E. Franzen,  
Commissioner Dr. Sunny Kang, Commissioner Steven M.  
Olivas Esq., Commissioner Sandra Rudnick, Commissioner  
Becky A. Shevlin, Commissioner Adelina Sorkin LCSW/ACSW  
and Commissioner Martha Trevino-Powell

**Excused:**           Vice Chair Susan F. Friedman, Commissioner Patricia Curry and  
Commissioner Daphne Ng

Call to Order. (13-2830)

**The meeting was called to order at 10:10 a.m.**

**I. ADMINISTRATIVE MATTERS**

1. Introduction of June 17, 2013 Meeting attendees. (13-2831)

**Self-introductions were made.**

2. Approval of the June 17, 2013 Meeting Agenda. (13-2832)

**On motion of Vice Chair Helen Kleinberg, seconded by Commissioner Dr. Sunny Kang, unanimously carried, (Vice Chair Friedman, Commissioners Curry and Ng being absent), this item was approved. Commissioner Olivas was not present during the vote taken for this item.**

3. Approval of the minutes from the Meeting of June 3, 2013. (13-2833)

**On motion of Commissioner Adelina Sorkin LCSW/ACSW, seconded by Vice Chair Helen Kleinberg, unanimously carried, (Vice Chair Friedman, Commissioners Curry and Ng being absent), this item was approved. Commissioner Olivas was not present during the vote taken for this item.**

**Attachments:**    [SUPPORTING DOCUMENT](#)

## **II. REPORTS**

4. Chair's report for June 17, 2013 by Genevra Berger, Chair. (13-2841)

**Chair Berger reported the following:**

- **The Department of Mental Health is holding its Client Congress Forum 2013 “Many Voices – One Vision” on Friday, June 28, 2013 at the Cathedral Plaza Center, located at 555 W. Temple Street, Los Angeles. Registration forms are available from staff.**
- **At the Board of Supervisor's meeting sheduled for June 18, 2013, Supervisor Zev Yaroslavsky will present a five-signature scroll to Commissioner Carol Biondi, honoring her for her recent recognition by the Loyola Law School Center for Juvenile Law for her work on behalf of youth in the County Probation system; her work with the Children's Commission; and with many other community organizations including the Children's Defense Fund, United Friends of the Children, and the Bloom Advisory Committee of the California Community Foundation.**
- **At the Board of Supervisor's meeting tomorrow, June 18, 2013, Supervisor Zev Yaroslavky will present scrolls to County Probation Camp Gonzales administrator, Mike Varela, Gonzales High School principal Zan Mason, and teacher Ty Kastendiek, student Gilbert Barrios, and other students in honor of their recent success in the Metropolitan Water District of Southern California's Annual Solar Cup Competition Program. The Gonzales Team finished 6th overall out of the 42 schools and First in a Public Service Announcement (PSA) contest. Gilbert Barrios produced an amazing animated PSA on water conservation that won first place in the competition of 42 schools. Scrolls will be given to the Camp, the science teacher and Gilbert Barrios.**

**Commissioner Sorkin inquired on the County's process of monitoring group home or foster family agency contracts.**

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**Katherine M. Bowser, County Counsel requested that the discussion on monitoring of contracts be placed on agenda for a future meeting.**

**After discussion, by common consent and there being no objection, this item was received and filed.**

**Attachments:** [1st Place PSA Video](#)

### **III. PRESENTATION**

**5. Presentation on Mental Health Services Act (MHSA) funding for DCFS children.**

- Dr. Charles Sophy, Director, Bureau of Clinical Resources and Services
- Lisa Sorensen, CSA III, High Risk Youth Project (13-2836)

**Ms. Sorensen reported the following:**

- **DCFS policy mandates that every child be screened at the time the case is open. A tri-annual report for FY 2012-2013 that is provided to the Board of Supervisors indicated that there were 14,583 children in DCFS that required screening. Of this amount, 14,320 children were screened. The difference between the number screened and the number counted is mostly attributed to cases closing shortly after being opened or a child running away prior to being screened. Of those screened, 12,111 (84.57%) children screened positive indicating that they may have an unmet need for mental health services. Youth that screen positive are referred to Department of Mental Health (DMH) co-located staff. The level of need is then categorized as acute, urgent, or routine. Youth screening acute are the most severe and generally are those that are placed in a hospital. Youth categorized “urgent” receive some type of mental health contact within 24 hours of screening. The majority of children are found to have “routine” status, these are kids who are generally functioning satisfactory and may need mental health services, but do not require services immediately.**

**As of April 17, 2013 (FY 2012-2013), youth screened were categorized as follows:**

- **3 (.02%) categorized as acute**
- **130 categorized as urgent**
- **1,050 categorized as routine(this number accounts for 91.24% of all children in the system**

- **Separate screening tools are used with younger and older children. Currently, there are approximately 100 to 120 admittances to hospitals per month; these numbers include youth that are referred and youth who have an open DCFS case.**

**In response to questions posed by the Commission regarding hospitalization of children, Ms. Sorensen responded with the following:**

- **There are shortages of beds for youth that need hospitalization. DMH holds the contracts with the hospitals and specific questions regarding hospital beds would be best answered by DMH.**
- **Screenings are conducted at the same time the decision is made to open the case. The DMH co-located staff receives the screening and makes a determination on the acuity of the screening. The social worker does not conduct a screening in the instance that the child already has a mental health provider; however, the social worker communicates any concerns to the DMH co-located staff. Youth that screen negative, not displaying a need for mental health services are rescreened on an annual basis.**
- **The screening tool used with children 0 – 5 years of age was developed in partnership with DMH staff having expertise with this age group.**
- **One of the requirements of placement is that the psychotropic medication authorization follows the youth from placement to placement.**

**Dr. Sophy added that psychotropic authorization is done during the court process. Caregivers administering the medication receive follow up calls from DCFS staff to check on how the child is doing on the medication. Additionally, DCFS is exploring better processes to allow DMH to expand their data system for a better data analysis and tracking of psychotropic drugs.**

**The Commission requested Dr. Sophy provide them with a list of services in need of funding so they may advocate for in the new MHSA 3-Year Plan.**

**Dr. Sophy explained that DCFS has the necessary services; however, the services are oftentimes underutilized. An example would be the underutilization of Treatment Foster Care (TFC).**

Ms. Sorensen explained that TFC contracts have certain criteria mandated by the State. TFC is contracted through Foster Family Agencies (FFA) and the contract criteria unintentionally created an incentive for FFA's with TFC programs to not expand their programs. Funding the FFA receives for having TFC programs is not required to be spent on TFC.

Dr. Sophy added that under his direction, FFA contract processes will be changed and TFC will be addressed in the contract renewal negotiations. A clinical measurement and more one-on-one behavioral intervention programs are needed when reviewing and considering FFA contracts.

Ms. Sorensen expressed concern that there is not enough funding for the Transitional Age Youth (TAY) population. TAY population falls into two age categories (adult and children), making it difficult to access funding due to age specific funding criteria and challenges with separating the funding streams between both categories.

The Commission noted that there is a specific funding allocation for TAY in the MHSA Plan.

Laura Andrade, Multi-disciplinary Assessment Team (MAT) Program Manager, explained that the clinical work being done is lacking coordination. Situations exist where the child has the mental health services needed; however, coordination of services is not in place.

Dr. Sophy was not confident that the services being provided under some of the Mental Health programs meet the needs of youth. Some areas that need to be addressed include:

- Reducing barriers to entry into a program
- Increasing accessibility of psychiatrists
- Monitoring the effectiveness of services
- Incorporating better measurements in the contracts

The Commission requested Dr. Sophy provide a list of the 10 most important things that need to be done in order to improve service delivery and effectiveness.

Dr. Sophy asked for the Commission's support in efforts to improve the FFA's and Group Homes.

Ms. Sorensen added that there is a need for teaching clinicians at a basic level to work as a team to improve coordination.

**The Commission questioned whether the Affordable Care Act (ACA) creates opportunity for change incentivizing providers to work more with children and TAY.**

**Dr. Sophy explained that ACA will create opportunities for change and agreed to provide the Commission with a list of potential opportunities.**

**After discussion, by common consent and there being no objection, this item was received and filed.**

#### **IV. MISCELLANEOUS**

##### **Matters Not Posted**

6. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (13-2837)

**There were none.**

##### **Announcements**

7. Announcements for the meeting of June 17, 2013. (13-2838)

**There were none.**

##### **Public Comment**

8. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (13-2839)

**No members of the public addressed the Commission.**

##### **Adjournment**

9. Adjournment of the meeting of June 17, 2013. (13-2840)

**The meeting was adjourned at 12:00 p.m.**